

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/767331</i>	FILING DATE <i>01-22-01</i>				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12		/					62	/					
13		/					63	/					
14		/					64	/					
15		/					65	/					
16		/					66	/					
17		/					67	/					
18	/						68	/					
19		/					69	/					
20		/					70	/					
21		/					71	/					
22		/					72	/					
23		/					73	/					
24		/					74	/					
25		/					75	/					
26		/					76	/					
27		/					77	/					
28		/					78	/					
29		/					79	/					
30		/					80	/					
31		/					81	/					
32		/					82	/					
33		/					83	/					
34		/					84	/					
35	/						85	/					
36		/					86	/					
37		/					87	/					
38		/					88	/					
39		/					89	/					
40		/					90	/					
41		/					91	/					
42		/					92	/					
43		/					93	/					
44		/					94	/					
45		/					95	/					
46		/					96	/					
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	<i>8</i>						TOTAL IND.						
TOTAL DEP.	<i>88</i>						TOTAL DEP.						
TOTAL CLAIMS	<i>96</i>						TOTAL CLAIMS						